



# nursing home care

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NURSING HOME CARE is the second in HEW's Consumer Information Series on the selection and use of products and services relating to health, safety, and education. Coordinated by the Department's Office for Consumer Services and sponsored by the Medical Services Administration of the Social and Rehabilitation Service, this booklet represents the cooperative efforts of experts in government, business, professional, and consumer groups. It is designed to assist you in the selection of a nursing home and in the evaluation of the services and facilities available to you.

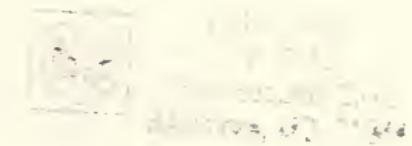
To all the people who devoted time and energy toward making the booklet accurate and useful to consumers, I want to express my appreciation and thanks.



Elliot L. Richardson **Secretary**  
U.S. Department of Health, Education, and Welfare.

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Finding a nursing home which provides the services and atmosphere a person needs and prefers takes time and effort as well as information. When you consider that a nursing home becomes a person's home and community for as long as he remains there, you realize how necessary and worthwhile the search can be.

It helps to plan ahead for the future of older members of your family as well as your own later years. Individuals who look ahead find themselves better able to locate the right nursing home care at the right price or to find suitable alternatives to nursing home care and to ac-

cept the ultimate decision.

People often face sudden emergencies or serious illness and are forced to seek the first available opening in a nursing home. In such a situation knowledge about nursing home care helps lead to a good selection.

This booklet tells you about the variety of institutions called nursing homes, including those called rest homes, convalescent homes, homes for the aged, or retirement homes. It also describes the kinds of care and services found in good nursing homes and provides a checklist for your use in making comparisons.

# **basic questions**

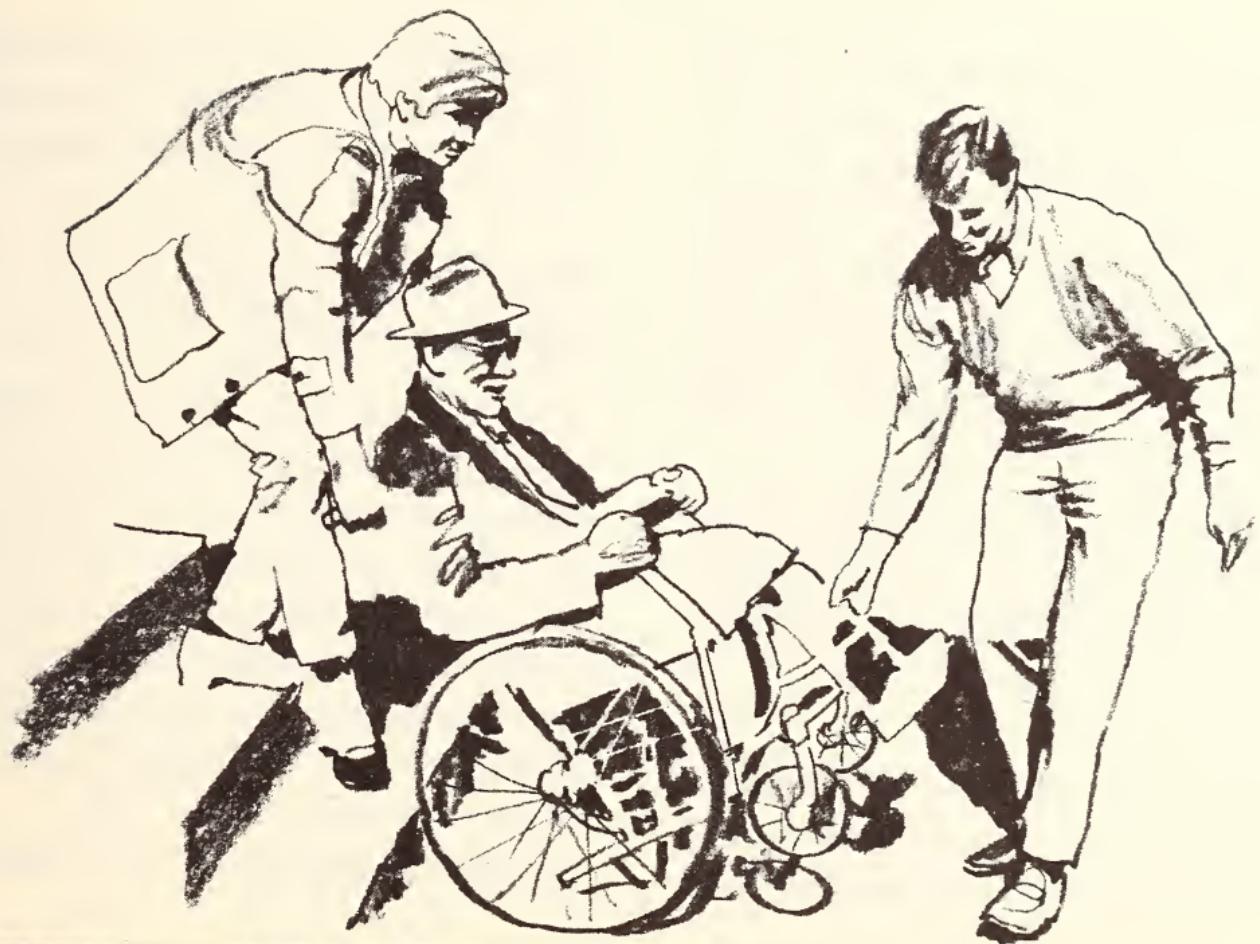
## **What are the alternatives to nursing home care?**

An increasing number of communities provide services such as visiting nurses, therapists, homemakers and home health aides, outpatient care and "meals on wheels" to people living at home. Some communities also have group housing programs. Such services can delay or eliminate the need for nursing home care. Sharing a home with someone who is willing and physically able to help also can provide a good solution. The longer a person can cope with life outside an institution, the

longer he or she usually retains dignity and a sense of independence. For some people, nevertheless, nothing can substitute for a good nursing home.

## **When does a person need a nursing home?**

When an older person needs help with dressing, shopping, meal preparation and personal chores and when these needs cannot be filled by his family or community services, nursing home care could be needed. When an older person needs medical attention which the family cannot afford to provide at home, or when keeping him at home may severely upset family life, nursing home care could be needed.



Other personal needs may also dictate the need for nursing home care.

Talk it over among the family members, including the patient. Consult your physician. If you're faced with the question of moving someone from a hospital to a nursing home, talk to the hospital's social worker.

Always consider the patient's needs and preferences. After all, his lifestyle may be changed. Everyone, regardless of age or degree of health, has a right to influence his own fate.

Consider family needs. No one needs to feel guilty about moving a loved one into a nursing home, especially if all

alternatives and consequences have been carefully weighed and if the nursing home is chosen with care.

### **What kinds of nursing home care are available?**

Some nursing homes specialize in personal service, some in medical. Others take care of residents with all kinds of needs—from help with eating to post-hospital medical care. Since a home's name tells you little about the services offered, you should make a personal visit and talk to the administrator.

The administrator may use phrases

like skilled nursing home, intermediate care facility, or extended care facility. These terms have come into use as a result of two government programs—Medicaid and Medicare—which pay bills for a majority of nursing home residents. Medicaid pays bills for some low-income people, while Medicare pays bills for most people over 65. Under the Medicaid and Medicare programs, homes are classified according to the kinds of services offered.

An **intermediate care facility** is for people who need some nursing supervision in addition to help with eating, dressing, walking or other personal needs. Medicaid programs in some

States pay for intermediate care but Medicare never does.

A **skilled nursing home** is staffed to make round-the-clock nursing services available to residents sick enough to require them. Medicaid programs in all States pay for skilled nursing home care, if a physician says such care is needed.

An **extended care facility** also provides round-the-clock nursing services and medical supervision as an extension of hospital care. Medicaid programs do not apply here. Medicare pays for up to 100 days only if patients have spent at least three days in a hospital and extended care is recommended by a physician. Medicaid can usually pick

up the charges after 100 days for those who are eligible.

A nursing home may be certified in one, two, or all three categories. If you expect Medicaid to pay your bills, look for a home certified as an intermediate care facility or as a skilled nursing home. If you expect Medicare to pay, look for a home certified as an extended care facility. Many homes qualify for both Medicaid and Medicare.

Under the Medicare and Medicaid programs, the Federal Government sets standards for nursing home services as well as safety and sanitation. Each State must follow these standards when it inspects and certifies nursing homes

that receive money from Medicaid and Medicare. States follow their own standards in inspecting and licensing all other nursing homes.

Even if you pay your own bills, knowing that a home meets Federal as well as State standards for services, safety and sanitation, should help you choose a nursing home.

### **What's the first step in finding the right nursing home?**

Make a list of nursing homes in your area that seem to fit the patient's preferences and needs. The more choices you have, the better your chances of

making the best selection. Get the names of nursing homes from your local health department, medical society, hospital or nursing home association, senior citizens and social work groups, Social Security District office, welfare or family assistance office, physician, clergyman, relatives and friends, and the yellow pages of the phone book. No single individual or group can supply complete information about all possible homes.

### **Should you visit all the homes on your list?**

No. You can eliminate some by mak-

ing a few telephone calls to determine whether a home actually provides the kind of care that is needed and whether it participates in Medicare or Medicaid if you're depending on that kind of help.

### **When should you visit a home?**

Preferably during late morning or midday so you can observe the noon meal being served. Plan to spend at least an hour. Some homes allow you to inspect during visiting hours. It is usually best to make an appointment to see the administrator.

## **licenses and certificates**

Most homes display their licenses and certificates. Never accept someone's word that certificates exist. Ask to see them and take time to examine them. Be sure they are current. The more important ones include:

**Nursing Home License.** If the home isn't State licensed, don't use it. All States require and issue licenses.

**Nursing Home Administrator License.** All nursing home administrators must have State licenses, except in Arizona. If the administrator does not have a current license

or is unlicensed, do not use the home.

**Joint Commission on Accreditation of Hospitals Certificate (JCAH).** A good indication, but not a sure one, that the home does its job well. The JCAH is a nongovernment organization which inspects and evaluates hospitals and nursing homes.

## **physical considerations**

**Location.** Think of whether the patient prefers a city or a country setting. In either case, it's advantageous to be near a hospital. If the patient wants to con-

tinue using his personal doctor, the home should be near the hospital where the doctor practices. Equally important, the location should allow family and friends to visit easily, since this often affects the patient's progress.

**Accident Prevention.** The elimination of hazards is a matter of critical concern especially when a patient can't move about easily. Most good homes emphasize accident prevention because even minor mishaps can be disastrous for the aged. All areas should be clear of small low objects which can cause a person to trip. There should be no throw rugs or small area rugs. Chairs should be sturdy and not easily tipped. Handrails

in hallways and grab bars in bathrooms increase safety while they also encourage self-help.

**Fire Safety.** A good nursing home must comply with Federal and/or State fire safety codes. Ask to see the report of a home's last fire safety inspection showing that it meets State or Federal codes or both. Do not use a home that has not been inspected and cleared for fire safety within the year.

Good housekeeping is important in preventing fires and avoiding tragedy if one starts. Exits and the paths to exits must be clearly marked and must not be blocked. Doors must not be locked from the inside. Stairways must be en-

closed and doors to stairways must be kept closed.

A good home puts residents through frequent fire drills to acquaint them with the quickest means of leaving the building wherever they may be at the moment. A written emergency evacuation plan should be available. Adequate staff should be present to aid patients who cannot walk by themselves.

**Bedrooms.** Each must open onto a corridor and have a window. Preferably, a bedroom should have no more than four beds, placed so as to permit easy access. Each resident should have a drapery for privacy, and a nurse call bell and fresh drinking water within reach.

Each resident should have a reading light and room enough to maneuver a wheelchair easily. And each should have his own closet and drawers for personal belongings. Ask how the home selects roommates. Putting two people together without considering their special interests or personalities can lead to conflict.

**Cleanliness.** Among good homes, there is some variation. Does the resident prefer super-tidiness or a lived-in look? Unpleasant odors indicate a dirty home or poor attention to the incontinent. However, you may notice a slight smell of urine, because nothing can remove it completely and good nursing homes

don't mask odors with highly-scented sprays.

**Lobby.** Often used by residents as a lounge, a lobby should contain comfortable chairs and couches, plants and flowers, and a bulletin board with notices of activities and menus. Sometimes certificates and licenses as well as examples of residents' works in arts and crafts are on display.

**Hallways.** These should be large enough to allow two wheelchairs to pass with ease and should have hand-grip railings on either side. Some homes brighten their corridors with colorful paint and pictures.

**Dining Rooms.** One of the home's most



important areas, it should be attractive and inviting, with comfortable chairs and tables which can be moved around and accommodate patients in wheel-chairs. If you visit during the noon meal, sample the food. Notice whether it matches the posted menu. Sometimes homes try to cut costs by substituting. Patients who need help should be receiving it. (See page 20 regarding patients who cannot leave their rooms.)

**Kitchen.** Food preparation, garbage and dishwashing areas must be separated from one another. Food needing refrigeration, such as milk, cream sauces and mayonnaise, should never be left on counter tops.

**Activity Rooms.** Larger homes have at least one activity room; smaller homes often use the dining room for this purpose between meals. Most important, residents who are not too sick should be engaged in activities of some kind—reading, craft work or games, for example.

**Special Purpose Rooms.** Rooms should be set aside for physical examinations or therapy and used for those purposes.

**Isolation Room.** At least one bedroom and bathroom should be set aside to isolate anyone with a contagious disease.

**Toilet Facilities.** Toilet facilities should be designed to accommodate wheel-



chair patients, have a sink (with hot and cold running water), and grab bars on or near the toilet. Good homes have toilet facilities for every bedroom and place a nurse call bell near each toilet. Some nursing homes provide each bedroom with a bathtub or shower (look for grab bars and nonslip floors); others have central bathing areas to make it easier to assist patients.

**Grounds.** Good homes encourage patients to get out of doors. Even a city home should have a lawn or garden for the patients to get fresh air, and there should be ramps to help the handicapped get around. Many homes permit patients to tend the gardens.

## **services**

**Medical Services.** Every home should have a physician available in an emergency. He may be on the staff or on call. Good homes allow patients to be treated by their private physicians as often as necessary. If the patient will depend on the home's physician, find out how often he visits and how closely he supervises.

If the home has no physician on its staff and the patient has no private physician, ask how the home will assure that the patient receives regular medical attention.

Good nursing homes require a patient to have a thorough physical examination immediately before or upon admission. The doctor and nurse should also involve the patient in making a plan for his care and treatment while in the nursing home and in revising the plan as the patient's condition changes.

The patient who is mentally alert must have the final say in any matters affecting his health. He has the right to know about the tests and medications given to him during his care.

The need for other medical services, such as dental or eye care, doesn't stop when a person enters a nursing home.

These often become more important as he grows older. The home you choose should have some arrangements with a nearby hospital or with doctors in the community—dentists, podiatrists, optometrists and the like—to see that patients get all the medical treatment they need. Be sure to ask if these arrangements exist and their costs.

**Hospitalization.** A good nursing home usually has an arrangement with a nearby hospital in case patients become acutely ill. Ask the administrator what arrangements the home has and in their absence what is done in case of emergency.

**Nursing Services.** The competence and attitude of the nursing staff probably affects a resident's sense of well-being more than any other service. Most extensively trained of all nurses, with a minimum of two years of special education, a registered nurse (RN) should direct nursing services in homes with patients who are ill enough to need skilled nursing care. An RN may not be on duty during all shifts, but must be responsible for the nursing staff. Licensed practical nurses (LPN), with at least one year of specialized training, should be on duty day and night.

Nurses' aides, who come into contact with patients more than any other staff

members, help with bathing, eating and dressing, the use of bed pans and other personal needs. Nurses' aides should have at least two to four weeks of training, followed by periodic performance evaluation and ongoing inservice training. Ask the administrator to tell you about the training program for nurses' aides.

**Physical Therapy.** Full or part-time specialists should be available to help patients regain lost abilities such as walking, talking, and dressing. Therapists also help develop skills to overcome deafness and other handicaps as well as occupational and recreational skills which are personally satisfying.

**Activities Program.** The most successful program reduces a patient's isolation—from other patients in the home and from life outside the home. For those who can go out, activities should include trips to places such as theaters, museums and parks, and visits to the homes of friends and family. Community institutions such as libraries should bring their services to the home. People from the community should be encouraged to serve as volunteers who work or visit with the patients. Each patient should have an activities schedule geared to his interests and abilities. Group activities such as games, arts and crafts and social functions, and individ-



ual activities such as reading and letter writing should be included. Residents should be encouraged but not forced to participate.

**Religious Observances.** Older people often like to attend religious services and to talk to their clergymen. They should be able to do both—either in the home or at a nearby house of worship. Attending religious services, of course, should always be a matter of choice.

**Social Services.** Good nursing homes have social workers on their staffs or as consultants to aid patients and their families deal with various problems. For example, a social worker may be able to help new patients overcome feelings

of loneliness and isolation and learn how to live in a nursing home. A social worker can also help a patient's family adjust to the nursing home situation. Residents and their families should be encouraged to call freely upon a social worker for assistance and advice.

**Food.** A dietician should plan balanced, varied and tasty meals, which suit all of a patient's medical and personal needs. Ask to see menus. Inquire about eating rules. Good homes serve meals at normal times, allow plenty of time for leisurely eating and provide nutritious between-meal and bedtime snacks. Be sure the attendants bring meals to bed-

fast patients and help feed them if necessary.

**Grooming.** Good homes arrange for barbers and beauticians to come in if staff members cannot serve in these ways.

## attitudes and atmosphere

Warmth, friendliness and encouragement help sick people get better and well people stay well. The atmosphere in a nursing home should be cheerful. Each member of the staff, from administrator to janitor, should be pleasant and show genuine, personal interest in each of the people living in the home.



The administrator and staff should be courteous, helpful, and frank in their comments; treat patients with respect, and know most of them by name. They should often stop and chat with patients. The administrator should be available to patients and family members who want to talk about special problems, questions or complaints.

Staff members should respond quickly to patients' calls for assistance and treat patients with courtesy, respect, and affection. A nursing home may meet every known standard, but if its staff treats people coldly, the patients suffer.

Unless they are too sick, patients should appear to be alert and active.

Some patients may prefer to sit and observe, but if most of them are passive, it may indicate that the home has no activities program or that patients are kept on tranquilizers, or both.

Residents should be allowed to decorate their bedrooms with personal belongings and to wear their own clothing. They should be allowed to communicate freely by letter or telephone without interference or censorship by the home's staff. Those residents who wish to work for themselves in the home, by doing their own laundry or cleaning their rooms, for example, should be encouraged to do so, but no one should be forced.

Visiting hours should be generous and set for the convenience of patients and visitors, not of the nursing home.

Nursing homes, by law, may not discriminate in providing services because of race, color, or national origin. The law applies to referrals, admissions, accommodations, room assignments and transfers, policies regarding financial matters, care services, physical facilities, resident's privileges, and the assignment of medical staff and volunteers.

Ask residents their opinions of the home. Ask visitors or volunteers the same question. If you see no volunteers, ask why none work in the home. If you

see no visitors, ask for the names of several patients' families. Call or write them to find out what they think of the home.

## charges

The more services you require, the more you will probably pay. Talk to the administrator about the basic monthly charge and exactly what the patient receives for it: the kind of nursing care, therapy, room, meals, and so on. Some homes make additional charges for services like laundry that other homes include in their basic rates.

Itemize the extra services and sup-

plies which the patient will probably need. Be clear whether a charge for a special mattress, for example, is a one-time charge or a monthly rate. Find out where, if possible, you can save money. For example, patients should not be required to fill their prescriptions in the nursing home pharmacy. They should be able to buy medicines from a pharmacy of their own choice which may charge less.

Find out whether the patient is entitled to Medicaid or Medicare by calling the welfare department (for Medicaid) or your local Social Security District office (for Medicare). If a patient is eligible for Medicaid the home should

bill the State directly for all charges. (In a few States, nursing homes may legally ask families to contribute to the cost of patients' care. This practice is gradually being stopped, but is still in effect in Alabama, Florida, Georgia, and Louisiana.)

If the patient is not eligible for one of the government programs, check into private health insurance such as Blue Cross/Blue Shield or another major medical plan to see if it covers nursing home costs.

Compare the costs of several homes. If you look at homes before a crisis arrives, you probably will be able to find a good home at a reasonable price.

# checklist

Carry this checklist when you visit homes. It will help you compare one with another. As a rule of thumb, the best home is the one for which you check the most "yes" answers. However, remember that different kinds of homes offer different types of services. You should compare skilled nursing homes with skilled nursing homes and residential homes with residential homes.

If the answer to any of the first four questions is "no," do not use the home.

YES	NO
1. Does the home have a current license from the State?	<input type="checkbox"/> <input type="checkbox"/>
2. Does the administrator have a current license from the State?	<input type="checkbox"/> <input type="checkbox"/>
3. If you need and are eligible for financial assistance, is the home certified to participate in Government or other programs that provide it?	<input type="checkbox"/> <input type="checkbox"/>
4. Does the home provide special services such as a specific diet or therapy which the patient needs?	<input type="checkbox"/> <input type="checkbox"/>

## PHYSICAL CONSIDERATIONS

YES NO

### 5. Location

- a. Pleasing to the patient?
- b. Convenient for patient's personal doctor?
- c. Convenient for frequent visits?
- d. Near a hospital?

### 6. Accident Prevention

- a. Well-lighted inside?
- b. Free of hazards underfoot?
- c. Chairs sturdy and not easily tipped?
- d. Warning signs posted around freshly waxed floors?
- e. Handrails in hallways and grab bars in bathrooms?

### 7. Fire Safety

- a. Meets Federal and/or State codes?
- b. Exits clearly marked and unobstructed?
- c. Written emergency evacuation plan?
- d. Frequent fire drills?
- e. Exit doors not locked on the inside?
- f. Stairways enclosed and doors to stairways kept closed?

### 8. Bedrooms

- a. Open onto hall?
- b. Window?
- c. No more than four beds per room?
- d. Easy access to each bed?
- e. Drapery for each bed?
- f. Nurse call bell by each bed?

g. Fresh drinking water at each bed?   used by residents?

h. At least one comfortable chair per patient?   c. Furniture attractive and comfortable?

i. Reading lights?   d. Plants and flowers?

j. Clothes closet and drawers?   e. Certificates and licenses on display?

k. Room for a wheelchair to maneuver?

l. Care used in selecting room-mates?

**9. Cleanliness**

a. Generally clean, even though it may have a lived-in look?

b. Free of unpleasant odors?

c. Incontinent patients given prompt attention?

**10. Lobby**

a. Is the atmosphere welcoming?

b. If also a lounge, is it being

**11. Hallways**

a. Large enough for two wheelchairs to pass with ease?

b. Hand-grip railings on the sides?

**12. Dining Room**

a. Attractive and inviting?

b. Comfortable chairs and tables?

c. Easy to move around in?

d. Tables convenient for those in wheelchairs?

e. Food tasty and attractively served?

f. Meals match posted menu?

g. Those needing help receiving it?

13. Kitchen

a. Food preparation, dishwashing and garbage areas separated?

b. Food needing refrigeration not standing on counters?

c. Kitchen help observe sanitation rules?

14. Activity Rooms

a. Rooms available for patients' activities?

b. Equipment (such as games, easels, yarn, kiln, etc.) available?

c. Residents using equipment?

15. Special Purpose Rooms

a. Rooms set aside for physical examinations or therapy?

b. Rooms being used for stated purpose?

16. Isolation Room

a. At least one bed and bathroom for patients with contagious illness?

17. Toilet Facilities

a. Convenient to bedrooms?

b. Easy for a wheelchair patient to use?

c. Sink?

d. Nurse call bell?

e. Hand grips on or near toilets?

f. Bathtubs and showers with nonslip surfaces?

18. Grounds

a. Residents can get fresh air?

b. Ramps to help handicapped?

## SERVICES

### 19. Medical

- a. Physician available in emergency?
- b. Private physician allowed?
- c. Regular medical attention assured?
- d. Thorough physical immediately before or upon admission?
- e. Medical records and plan of care kept?
- f. Patient involved in plans for treatment?
- g. Other medical services (dentists, optometrists, etc.) available regularly?
- h. Freedom to purchase medicines outside home?

### 20. Hospitalization

- a. Arrangement with nearby hospital for transfer when necessary?

### 21. Nursing Services

- a. RN responsible for nursing staff in a skilled nursing home?
- b. LPN on duty day and night in a skilled nursing home?
- c. Trained nurses' aides and orderlies on duty in homes providing some nursing care?

### 22. Physical Therapy

- a. Specialists in various therapies available when needed?

### 23. Activities Program

- a. Individual patient preferences observed?

- b. Group and individual activities?
- c. Residents encouraged but not forced to participate?
- d. Outside trips for those who can go?
- e. Volunteers from the community work with patients?

#### 24. Religious Observances

- a. Arrangements made for patient to worship as he pleases?
- b. Religious observances a matter of choice?

#### 25. Social Services

- a. Social worker available to help residents and families?

#### 26. Food

- a. Dietitian plans menus for patients on special diets?

- b. Variety from meal to meal?
- c. Meals served at normal times?
- d. Plenty of time for each meal?
- e. Snacks?
- f. Food delivered to patients' rooms
- g. Help with eating given when needed?

#### 27. Grooming

- a. Barbers and beauticians available for men and women?

### ATTITUDES AND ATMOSPHERE

- 28. General atmosphere warm, pleasant and cheerful?
- 29. Staff members show interest in and affection for individual pa-

tients? Are courteous and respectful? Stop to chat with patients?

30. Administrator courteous and helpful?

- a. Knows patients by name?
- b. Available to answer questions, hear complaints or discuss problems?

31. Staff members respond quickly to patient calls for assistance?

32. Residents appear alert?

- a. Residents are active and involved unless they are very sick?
- b. Can decorate their own bedrooms?
- c. Can wear their own clothes?
- d. Have a chance for self-expression?

e. Can communicate freely without censorship?

f. Can work for themselves if they wish?

33. Visiting hours set for convenience of residents and visitors?

34. Civil rights regulations observed?

35. Visitors and volunteers pleased with home?

#### WHEN YOU HAVE A COMPLAINT

If you have a complaint about a nursing home, for whatever reason, you can tell it to:

1. The nursing home administrator.
2. Your local Social Security District office. It functions as a clearing house for complaints about all nursing homes, whether or not they receive Government funds.
3. The patient's caseworker or the county wel-

fare office if the patient is covered by Medicaid.

4. The State Medicaid Agency if the home is certified for that program.
5. The State Health Department and the State licensing authority.
6. The nursing home ombudsman if such an office has been established in your community.
7. The State board responsible for licensing nursing home administrators. (Get address information from the welfare department.)
8. Your Congressman and Senators. (Address Congressmen at House of Representatives, Washington, D.C. 20515; Senators at United States Senate, Washington, D.C. 20510.)
9. Your State and local elected representatives.
10. The Joint Commission on Accreditation of Hospitals (645 North Michigan Avenue, Chi-

cago, Illinois 60611) if the home has a JCAH certificate.

11. The American Nursing Home Association (Suite 607, 1025 Connecticut Avenue, NW, Washington, D.C. 20036) if the home is a member.
12. The American Association of Homes for the Aging (529 Fourteenth Street, NW, Washington, D.C. 20004) if the home is a member.
13. The American College of Nursing Home Administrators (Suite 409, The Eig Building, 8641 Colesville Road, Silver Spring, Maryland 20910) if the administrator is a member.
14. Your local Better Business Bureau and Chamber of Commerce.
15. Your local hospital association and medical society.
16. A reputable lawyer or legal aid society.

## for more information

For more information about nursing homes, or for answers to particular questions, you can contact your local Social Security District office or the welfare department. In addition, you may wish to send for some of the following informative booklets:

### "Let's End Isolation"

(1762-0041), published by the Administration on Aging, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare. For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. 75¢ per copy.

### "MEDICAID/MEDICARE—Which is Which?"

(1764-0004), published by the Medical Services Administration, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare. Free upon request.



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